

Nonrefundable Filing Fee:
Profit Corporation: \$25.00
Nonprofit Corporation: \$10.00
General Partnership: \$10.00
LLP: \$25.00
Limited Partnership: \$10.00
LLLP: \$10.00
LLC: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



STATEMENT OF CHANGE OF REGISTERED AGENT

(Section 414-62, 414-438, 414D-72, 414D-278, 425-19, 425E-115, 428-108 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

1. Please check one:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Profit Corporation
(F/\$25/B15) | <input type="checkbox"/> Nonprofit Corporation
(F/\$10/B15) | <input type="checkbox"/> General Partnership
(F/\$10/B33) | <input type="checkbox"/> Limited Liability Partnership
(F/\$25/L34) |
| <input type="checkbox"/> Limited Partnership
(F/\$10/B34) | <input type="checkbox"/> Limited Liability Limited Partnership
(F/\$10/B34) | <input type="checkbox"/> Limited Liability Company
(F/\$25/L14) | |

2. The name and state/country of incorporation/formation or organization of the entity is:

(Type/Print Entity Name) (State or Country)

3. a. Name of its current registered agent:

b. Street address of its current registered office in this State:

4. Name of its registered agent after the change is:

(Type/Print Name of Agent) (State or Country, if Agent is an Entity)

5. Street address (including number, street, city, state, and zip code) of its registered office in this State after the change is:

6. The address of its registered office and the business address of its registered agent is identical.

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements and that the same are true and correct.

Signed this _____ day of _____,

(Type/Print Name & Title) (Type/Print Name & Title)

(Signature of Officer) (Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

Execution:

For **corporations**, document must be signed by at least one officer of the corporation.

For **general partnerships** must be signed by at least one general partner.

For **limited liability partnerships**, must be signed and certified by at least one partner.

For **limited partnerships** must be signed by at least one general partner.

For **limited liability limited partnerships** must be signed by at least one general partner.

For **limited liability company**, must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company.

Line 1. Check the appropriate box.

Line 2. State the full name and the state/country of incorporation/formation or organization of the entity.

Line 3. a. State the name of the current registered agent, before the change.
b. State the street address of the current registered office in Hawaii, before the change

Line 4. State the name of the new registered agent in the State of Hawaii. If there has been no change, state *NO CHANGE*. The agent must be an individual resident of Hawaii, a domestic entity, or a foreign entity authorized to transact business or conduct affairs in the State of Hawaii. If agent is an entity, state the state or country of incorporation/formation or organization of the agent.

Line 5. State the new address of the corporation's registered office in the State of Hawaii. Give the number, street, city, state and zip code. If there has been no change in the address, state *NO CHANGE*.

Filing Fees: *Filing fees are not refundable.* Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

Profit Corporation (\$25)

Nonprofit Corporation (\$10)

General Partnership (\$10)

Limited Liability Partnership (\$25)

Limited Partnership (\$10)

Limited Liability Limited Partnership (\$10)

Limited Liability Company (\$25)

Dishonored Check (\$15 fee plus interest charge)

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.